

15<sup>th</sup> December 2019

To  
The Dean  
CUTM

Sub : Request for approval to attend "4th International Conference on Management, Science, Engineering and Application (ICMSEA-2019)" from 19th to 21st Dec 2019 at CUTM-PKD campus.

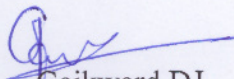
Dear Sir,

I am (Gaikward DJ) request you to grant permission to attend "4th International Conference on Management, Science, Engineering and Application (ICMSEA-2019)" from 19th to 21st Dec 2019 at CUTM-PKD campus.

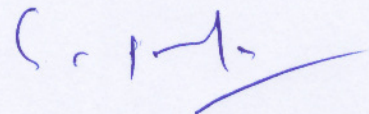
Conference registration fee may kindly be reimbursed.

Thanking you

With Regards



Gaikward DJ  
Asst. Professor(Crop physiology& Bio chemistry)  
MSSSoA





# JAGANNATH INSTITUTE FOR TECHNOLOGY & MANAGEMENT

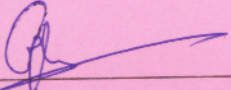
PARALAKHEMUNDI

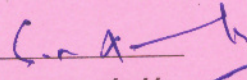
Date : 09/01/2020

Name of Employee : Gaikward Dj, Asst Professor  
Purpose of Expenditure : ICMSEA - 2019, Conference  
Expenditure Budget Head :

## SETTLEMENT OF EXPENDITURE

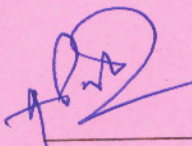
| Sl. No. | Details of Expenditure            | Amount (Rs.) | Amount (Rs.) |
|---------|-----------------------------------|--------------|--------------|
| 01      | Registration fee                  | 2500/-       | 2500/-       |
| 02      |                                   |              |              |
| 03      |                                   |              |              |
| 04      |                                   |              |              |
| 05      |                                   |              |              |
| 06      |                                   |              |              |
| 07      |                                   |              |              |
| 08      |                                   |              |              |
| 09      |                                   |              |              |
| 10      |                                   |              |              |
| 11      |                                   |              |              |
| 12      |                                   |              |              |
|         | Total Expenditure :               | 2500/-       | 2500/-       |
|         | Less advance taken (if any) :     |              |              |
|         | Balance to be (Refund/ Payment) : |              |              |

  
Signature of Claimant

  
Recommended by  
(Dean/Dy. Registrar/HOD)

Checked by

Dy. Registrar Finance

  
Registrar

**JITM 2019 - 2020**  
At - Village Alluri Nagar, P.O. - R Sitapur, Via- Uppalada  
Paralakhemundi, Dist: Gajapati - 761211, Odisha, India  
Phone: (06815) 222999, 223088, Fax: (06815) 222150


**Journal Voucher**

No. : **JV/03/142**

Dated : 15-Jan

| Particulars                                   | Debit        | Credit    |
|---|--------------|-----------|
| Conference Registration fee<br>To Gaiward D.J | Dr ₹ 2500.00 | ₹ 2500.00 |
|   | ₹ 2500.00    | ₹ 2500.00 |

**On Account of :**  
Being the expenses incurred by Gaiward D.J. for conference purpose is now accounted.

  
Authorized Signatory